


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N32528** (4)
1. Corporation Name
SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.



Principal Place of Business C/O PAUL. DAVID E. 411 E WALDE ST GROVELAND FL 34736 US	Mailing Address C/O PAUL. DAVID E. 411 E WALDE ST GROVELAND FL 34736 US
---	---

3. Date Incorporated or Qualified 05/23/1989
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 C/O Danny W. Davis Suite, Apt. #, etc 22 812 Maple Forest Ave City & State 23 Clermont FL Zip 24 34711	2a. Mailing Address 25 C/O Danny W. Davis Suite, Apt. #, etc 26 812 Maple Forest Ave. City & State 27 Clermont FL Zip 28 34711 Country 29 Lake 30 Lake
---	--

9. Name and Address of Current Registered Agent PAUL, DAVID E. 411 E WALDE ST GROVELAND FL 34736	10. Name and Address of New Registered Agent 81 Name Danny W. Davis 82 Street Address (P.O. Box Number is Not Acceptable) 812 Maple Forest Ave. 83 84 City Clermont FL 85 Zip Code 34711
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Danny W. Davis* DATE **4-2-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, DANNY 812 MAPLE FOREST AVE CLERMONT FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Randall Cloud 822 Palm Forest Lane Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, DANNY 812 MAPLE FOREST AVE. CLERMONT FL 34711 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Michael Vosbrink 407 Seminole Ave. Minneola FL 34755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SATTESAHN, EDWARD 13346 RAINVOW LANE CLERMONT FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Donald Mountain 9039 Village Green Blvd. Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUFIN, TERRY PO BOX 1094 N/A MINNEOLA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Danny W. Davis 812 Maple Forest Ave. Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID, PAUL E. 411 E. WALDE ST GROVELAND FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Danny W. Davis* **DANNY W. DAVIS** 4/2/98 352-394-4221

CR2E037 (10/97)